

In The Matter Of:

David Lashuay v. Aimee DeLine

Dr. William Borgerding

November 20, 2018



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1 working in the ER in -- after a year or two, I became
2 a resident in emergency medicine, I think that was
3 like two and a half years. And then I -- I finished
4 that program, passed my boards. I was working ER
5 down in Oakland General in Madison Heights.

6 I moved north to Cheboygan in '95. I
7 think I worked five more years of ER up there and
8 then I worked two and a half or three years in
9 corrections, or three and a half, something like
10 that. Went back to do primary care in my home town
11 for five years and then I finished with the state my
12 last seven years, seven and a half, something like
13 that.

14 Q All right. Are you board certified in any particular
15 areas of medicine?

16 A I was board certified in emergency medicine, but once
17 you stop working in it you can't maintain it.

18 Q Okay. Let me just write down, from 2014 to 2017 you
19 said you might have held a couple different
20 positions, one was acting chief medical officer; was
21 that right?

22 A Correct.

23 Q And what were the other ones?

24 A The regional medical officer or the assistant chief
25 medical officer. So, there was -- the top position

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1 **was called the CMO and the position under that was**
2 **called either -- at one time RMO and then it became**
3 **an ACMO. The state just retitled us for whatever**
4 **reason.**

5 Q All right. During that time period, what would the
6 chief regional medical officer be doing?

7 A Be overlooking the care, making sure policy,
8 procedure was being followed. Get involved in some
9 cases, review all formularies, things like that.

10 Q All right.

11 A Go to a lot of meetings, go to a lot of prisons.

12 Q What would the assistant chief medical officer be
13 doing? Would it be a different role or would there
14 be additional --

15 A No, that's what the assistant would be doing.

16 Q Okay. Would the assistant have pretty much the same
17 duties as what I think you called regional?

18 A Right. It was the same position, they just renamed
19 it.

20 Q Oh, okay.

21 A So, yeah.

22 Q All right, and the acting chief medical officer, how
23 would their role be different?

24 A You're going to be more policy oriented, you're going
25 to be more looking at it from a higher level, the

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1 **A Borg works just fine, too.**

2 Q Okay. Can you tell me your present employment?

3 Where do you work?

4 **A I'm retired. About a year ago I retired from the**
5 **MDOC just about a year in October.**

6 Q All right. Between 2013 and 2017, where were you
7 working?

8 **A MDOC.**

9 Q And what was your position?

10 **A It might have been a couple. I was probably a --**
11 **what they called a regional medical officer, then it**
12 **became what they called an ACMO or an assistant chief**
13 **medical officer. They just changed the name, and**
14 **then -- and I don't know the dates real well, but I**
15 **became acting chief for a while when Jeff Stieve left**
16 **and then when Dr. Kerstein left I became acting chief**
17 **again.**

18 Q All right. Do you know the last round when you
19 became -- or when Dr. Kerstein retired or left?

20 **A No, not really. Not off of top of my head, I could**
21 **not give you those dates.**

22 Q Do you have a resume or CV, anything like that?

23 **A At home.**

24 Q Okay. I might just ask for that, so I don't have to
25 go into excruciating detail about your background and

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1 healthcare that we're delivering. You'd be looking
2 at new things we'd be doing or not doing, just
3 involved with everything that would be involved. So,
4 looking at EMRs, looking at pharmacy, looking at
5 contracts, looking at tough cases, and the CMO, after
6 awhile, became more involved. Some Jackson stuff,
7 too, because we started losing positions, so.

8 Q What do you mean, Jackson stuff?

9 A Well, Jackson was a -- a -- a -- where we had Duane
10 Waters, and C unit and some of our higher acuity
11 stuff, and a lot of our specialty care was driven out
12 of there between Allegiance and Lansing.

13 Q So, they would be just doing more stuff involving
14 those facilities or more focused on what's going on
15 down there?

16 A Yeah. We tried to divvy up the state among the
17 assistant chief, among the ACMOs, the assistant
18 chiefs.

19 Q Okay.

20 A But we kept losing positions, losing people and then
21 we couldn't fill. So, we went from used to be CMO
22 and three ACMOs down to towards the end it was just
23 me.

24 Q Why were you losing positions, was it budget?

25 A No, not budget. Well, they let two people go and